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**Title**

‘The rollercoaster’: a qualitative study of midwifery students’ experiences affecting their mental wellbeing.

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1, **Conflict of Interest:** Some members of the research team had pastoral responsibilities for the student cohort from which participants were drawn. They had no role in recruitment, direct contact with research participants and did not see unanonymised versions of the study transcripts.

**2, Ethical approval**

The study was approved by the Research Ethics Committee of King’s College London.

**3, Funding Sources**

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**4, Clinical trial reg:** n/a**5, Acknowledgements:** None

## Abstract

**Objective:** midwifery student mental wellbeing is an important consideration for the sustainability of the profession, however it has seldom been the subject of empirical research. Previous studies of the lived experience of midwifery students have focused on the impact of transition experiences and student satisfaction, rather than specifically on mental health and students' views on support for their mental wellbeing.

**Design:** a qualitative descriptive study using semi-structured interviews.

**Setting:** a midwifery undergraduate programme in one university in the South of England.

**Participants:** 20 BSc midwifery students.

**Findings:** two inductive themes were developed from our analysis. The theme of 'the rollercoaster' encapsulated students' experience over the length of the course, characterised by multiple culture shocks of being in different worlds, from one clinical placement to the next, from university to clinical placement. This experience was emotionally taxing.

The theme of 'being noticed, feeling connected' encapsulated midwifery students' views on what could help them enjoy their training. They wanted to be seen as individuals by at least one educator, they wanted opportunities to connect with their peers and they wanted the support available to them to be consistent.

**Conclusions:** listening to students' insights into the lived experience of being a midwifery student can enable midwifery educators to improve the way courses are designed and support structures are put in place. The importance of having consistent contact with peers and educators cannot be underestimated.

**Implications for practice:** The emotional demands of midwifery training must be acknowledged. Educators should identify ways in which they can provide students with consistent individualised support and regular opportunities to meet with their peers.

## Highlights

- Student midwives' experience of pre-registration training may be described as 'a rollercoaster' of emotional fluctuation and relentless change.
- Students were aware of the importance of emotion management and self care as part of professional socialisation but were not confident regarding how to develop such skills.
- Student midwives value opportunities for individual support from midwifery educators and regular opportunities to connect with their peers.

## Keywords

midwifery education; students; mental health; emotions; lived experience

## **Main body**

### **Introduction**

Midwifery students in the United Kingdom undertake a Bachelor's degree or Postgraduate Diploma which incorporates their professional registration as a midwife. Alongside hands-on supervised practice experience in multiple clinical placement settings they follow an academic curriculum in a higher education institution. Their lived experience of 'being a midwifery student' extends beyond the clinical practice setting, into the university. Our study offers a perspective on the midwifery student experience that reflects the 'multiple worlds' they inhabit. This is a novel perspective, which we consider in the context of relevant recent research on midwifery student wellbeing and on the 'lived experience' of midwifery students from the United Kingdom (Coldridge and Davies, 2017), Ireland (Bradshaw, 2018; van der Putten 2014), Norway (Brunstad and Hjälmhult, 2014) and particularly Australia (Carolan-Olah et al, 2014; Fenwick et al, 2012; 2016). We are contributing to an international understanding of the midwifery student experience.

There has been increasing concern in the United Kingdom about both students' mental health (Thorley et al, 2017, Houghton and Anderson, 2017) and healthcare students' mental health in particular (Health Education England, 2019). In addition, recent national staff survey data from England showed that midwives experience more 'stress' than paramedics and health visitors (NHS England, 2018). The deleterious effect of health worker wellbeing on service users' experience of safe and satisfactory care has been well established (Sizmur and Raleigh, 2018), making this a public health issue, not just an issue within the professions. In England, Health Education England, which oversees midwifery education and training, has committed to increasing midwifery training places by 25% in the next four years, in the context of 7% of midwifery posts being vacant nationally (Health Education England, 2019). Given the concern about the mental wellbeing of the workforce, steps to address workforce shortages must be accompanied by measures to improve the mental wellbeing and resilience of staff (Hunter et al, 2018; Health Education England, 2019).

A recent integrative review of the research on the mental health and wellbeing of midwifery students (Oates et al, 2019) identified few studies focusing solely on the mental health and wellbeing of midwifery students. Mental health may be defined as the presence or absence of symptoms of mental illness, whereas mental wellbeing may be defined as a combination of experience of positive emotions, satisfaction with life and having the psychological resources to cope with adversity (Waldron, 2010). Current models of mental

health and wellbeing used to inform policy on students' mental health (Thorley, 2017; Health Education England, 2019) conceptualise mental health and wellbeing as existing on two intersecting continuums, whereby individuals may have high mental wellbeing and yet also have personal experience of mental illness (Keyes, 2005). Usually studies of healthcare professionals' wellbeing, for example Hall et al's (2016) systematic review, have focused on wellbeing in the domain of work. Definitions of mental wellbeing, mental illness or mental distress have focused on symptoms of 'job stress' and 'burnout' which are not mental illnesses per se, but rather responses to the challenges of working in a health service environment. The integrative review focusing on midwifery students only found six studies describing the 'state of' midwifery student wellbeing, and concluded that mental health and wellbeing are concepts that have not been well explored within this specific population (Oates et al, 2019). The Work, Health and Emotional Lives of Midwives (WHELM) survey study of members of the Royal College of Midwives (RCM) (Hunter et al, 2018) found high levels of stress, depression and burnout, particularly among younger and less experienced midwives. Qualitative research studies (Hunter, 2005; Coldridge and Davies, 2017; Davies and Coldridge, 2015) have posited that the 'emotional' aspect of midwifery work is a source of mental distress. The 'emotion work' includes being with women during traumatic births but also dealing with interpersonal dynamics amongst midwives and between midwives and other colleagues. Specifically, Hunter (2005) described a 'bullying' culture in some areas of the profession. Successfully becoming a midwife depends on feeling 'held' and 'valued' by mentors when faced with traumatic events (Coldridge and Davies, 2017), and on midwives having clear 'boundaries' to contain their emotional response to situations (Hunter, 2005).

This paper presents findings from a qualitative study of BSc student midwives' experiences from the perspective of their mental wellbeing. It comprises an inductive thematic analysis of interviews with students from one London-based, United Kingdom university, with the objective of determining how educators might improve midwifery student experience and consequently address attrition from the programme and the profession, where low 'wellbeing' and high emotional distress have been identified as factors affecting the retention of midwives in the profession (Hunter et al, 2018). The study builds on the seminal work by Hunter (2005) and the recent work by Coldridge and Davies (2015) on the 'emotion work' of midwifery.

Our study is concerned with the lived experience of midwifery students as it pertains to their mental wellbeing. Previous studies of the lived experience of pre-registration and early career midwives have focused on the experience of transitions during parts of their training or early career. Bradshaw et al's (2018) study of student midwives' experiences during their 'clinical internship' at the end of their course, and Carolan-Olah et al's (2016) study of final year students made the case for the importance of opportunities for midwifery students to access peer support and midwifery educators' support to maintain work life balance and cope with the complex environment of maternity care. Recent accounts of the lived experience of newly qualified midwives have described the 'reality shock' of transition to autonomous practice, where the individual may or may not have access to supervision or support (Reynolds et al, 2015; van der Putten, 2014). Younger students have been shown to experience particular difficulties during their course, namely lack of confidence and age-related prejudice (Fenwick et al, 2016). When Carolan-Olah et al (2014) interviewed final year students at one Australian college about their experiences over the course, their participants described how challenging it was to adjust to the course structure and other commitments. They talked of 'juggling' various aspects of their lives and having to develop personal strategies to manage the competing demands they faced. Research so far in this field has focused on transitions, life stages or traumatic events. The aim of this study was to answer the research question: what is it like to be a midwifery student, from the perspective of their mental wellbeing?

## Methods

This study comprised a structured, collaborative thematic analysis of qualitative research interviews aimed at understanding participants' 'life-world' informed by a phenomenological perspective, as described by Kvale (1983). Themes were developed inductively through repeated, systematic and collaborative analysis of transcripts. The study is reported here in accordance with the COnsolidated criteria for REporting Qualitative research (CoREQ) (Tong et al, 2007) (see Appendix 1).

A convenience sampling approach was used, in that all interviewees had taken part in a survey about their mental health sent to their year group (n73). Twenty five survey respondents identified themselves as willing to be interviewed. When directly approached by a researcher to arrange interviews, twenty students were available.

Interviews were conducted in August and September 2018 by a female postgraduate research associate, under the supervision of a researcher experienced in qualitative meth-

ods. The postgraduate researcher had been a nursing student in the same faculty as the interviewees, so was their near-peer. Her status was known to the interviewees. Ten were done by phone and ten were done in person. The mode of interview was determined by the participant preference. Interviews were semi-structured, using a topic guide (Appendix 2). The interview topic guide was not piloted, because it was a modified version of a guide previously used for similar interviews in a previous study of nursing students. In accordance with the study's ethical board approval, prior to taking part the participants were given a study information sheet and consent form. Interviews lasted between 30 and 60 minutes in length. They were audio recorded and transcribed verbatim. Interviewees were offered copies of their transcripts to review. All transcripts were anonymised with pseudonyms used throughout.

Data analysis was led by one author but all authors contributed. Braun and Clarke's (2006) thematic analysis approach was used. A description of the approach is given here to facilitate reproduction of the study. Phase 1: familiarisation: the lead author listened to all of the audio recordings whilst reviewing the transcripts. Phase 2: generation of initial codes: she coded each line of the transcripts, generating a comprehensive list of codes. Data were organised using NVivo software. Three authors separately analysed a selection of transcripts and then compared codes, agreed codes and broad themes. Phase 3: Searching for themes: each transcript was reviewed to refine themes. Again, an exhaustive list of themes was generated. Phase 4: Reviewing the themes: Data were mapped to identify prevalence of themes and identify the point when data saturation occurred. No new themes arose after the 12th transcript was analysed. Theme names were drawn from the data, for example 'the rollercoaster'. A further comparative exercise was undertaken by the lead and two other authors, to validate interpretations, using two transcripts. Phase 5: Defining and naming themes: thematic trees were devised for three major themes then findings were written up as descriptive accounts with illustrative quotes. The description of themes incorporated minor themes or divergences of opinion. Nodes and sub nodes were mapped. Two were inductively derived from the data. One was deductive, containing answers to the research questions of the wider study.

### **Ethics and reflexivity**

The study was approved by the authors' university research ethics committee. Participants were given information about how to raise concerns about the study. Given the potentially sensitive nature of the topic, the interviewer had a good awareness of which university

services to direct participants to if they were distressed. This did not occur. There was real benefit in the interviewer being a near-peer to the participants. She was of the same gender, similar age and could relate to certain aspects of the students' experience of university and clinical placement because she had taken part in a parallel course in the same faculty. There was also some benefit in her being a near-rather than direct peer, because she could ask for points of clarification about certain aspects of the midwifery student experience, for example the organisation of placements and senior midwifery support. Four of the researchers were midwifery faculty staff. They reflected that they found some comments about their students' experiences in the (anonymised) transcripts personally troubling, because they held pastoral roles for the group from which they were drawn. In analysis meetings we were particularly conscious of the importance of 'bracketing' interpretations of the data based on personal experience (Tufford and Newman, 2012) whilst acknowledging the impact of analysing data that related to some of our working lives. These discussions showed the value of the lead researcher being a near-peer to the other researchers (again same gender, working in the same faculty, in a parallel role in another discipline, not a midwife), being able to relate to some aspects of the midwifery academic experience but having sufficient distance to ask questions and not take some of the interview contents personally.

## **Participants**

All participants were female, just between their first to second or second to third years of a midwifery 3 year BSc programme. Their ages ranged from 19 to 43. Nine were 22 and under. Eleven were 26 and over, denoting that they had been mature students on entrance to the course.

## **Results**

In this paper we explore the two inductive themes derived from our analysis. It is important to note that whilst the students we interviewed spoke of distressing experiences and described feeling a lack of support and connection, their powerful motivation to join the profession pervaded their interviews. Often they would preface their comments with 'I love this course but...'

### **Theme 1 the rollercoaster**

The '*rollercoaster*' theme describes students' experience over the length of the course, characterised by not just an initial culture shock, but multiple culture shocks of being in dif-



ferent worlds, from one placement to the next, from university to clinical placement, and from their previous life to life as a midwifery student. Their experience was characterised by extreme tests of their emotional resilience being counterbalanced by elation and enjoyment. Dominique described this as:

‘you can literally have the most highs of the highs, and then the lowest of the lows’

Other students used the rollercoaster image to represent their experience of the course in two ways. For Amira it represented the ‘highs and lows’

‘...there was a lot of pressure, a lot of responsibility, and I think emotionally it fluctuated; it was like a rollercoaster, really. So you go through periods of highs and then periods of lows, and then it takes a while to figure out how to get that balance.’  
(Amira, a student in her early twenties)

For Sheila, because difficulties could hit you unexpectedly:

‘So the first year you think it’s tough, and second year hits you like a rollercoaster, and then third year is just scary, isn’t it? But, no, I love it, it’s the right choice.’  
(Sheila, a student in her late thirties).

The course was ‘relentless’, with no opportunity to take breaks, whether to look after one’s health or be with loved ones. Progressing on the course entailed accepting, in Amira’s words, ‘I finally understood that I can’t have my old life back.’

There were some commonalities and differences between the mature and younger students. For both groups, there was a period of transition, and acceptance. Both groups described having to adjust to a new way of life much more than they had expected to. Dora summed up the young student situation as:

‘some of us aren’t ... weren’t prepared for this, and came straight from school or have never had more than a Saturday job before, and are trying to juggle everything at once, like trying to be independent for the first time, trying to make friends, trying to keep on top of uni and placement and having all these new responsibilities.’

For the mature students there was a sense of 'sacrifice' (Rachel), of missing out on family life and not earning a salary. The mature students characterised themselves as more confident and more able to negotiate for their needs when in practice. 'Confidence' was a trait that many participants valued in themselves or saw as vital to coping with the 'intensity' (Adela, Liz, Molly, Rachel) of the course. They needed 'confidence' in the clinical tasks of midwifery, but most commonly they wanted to develop confidence in their interactions with mentors and midwives, who could at time be 'really, really tough on new students,' (Frances). They had to develop confidence in their own ability to 'survive' (Beth) the course, which was described as 'the hardest thing i've ever done' (Molly). Confidence was also required to speak up about one's own mental health needs:

'I think you do have to be confident enough to be real with people and say, okay, I'm really struggling rather than ploughing through.' (Rachel)

Students' experience of being on the course seemed to be at odds with advice that was given about how to look after oneself whilst doing it, as voiced by Mary:

'I've felt that, you know, they're constantly telling you that you need to take time out, you need to look after yourself, in one breath, and then in the next breath, they're saying, oh, but you need to make sure you get this done, you need to make sure you do this, you need to make sure that you're doing.'

'Becoming a midwife' meant learning to manage difficult emotions without always having support or time to reflect. Being 'professional' was associated with not letting other people know when you were struggling. It meant bearing the 'emotional labour' of care work. For Zoe there was an added pressure to rein in distress because of how the profession is portrayed:

'There's a lot of pressure to be loving it all the time because if you're not it means you're not enjoying caring for women and babies, and you're not enjoying this magical profession of bringing life into the world. So people don't want to say that it's actually really tough and they haven't enjoyed it today.' (Zoe)

Alongside 'confidence' and ability to manage emotions, participants valued being able to 'balance' or juggle' aspects of their experience, whether that was 'juggling' placement with childcare, in mature students Harriet's or Sheila's cases or trying to find a balance between studying and having a social life for Nuala, a young student. Balancing and juggling were required because the students felt they inhabited multiple worlds. Their experience of being a midwifery student contrasted with their previous life, and their home life. It was also contrasted with an ideal 'student' life, which they found hard to participate in because 'the courses are so much more intense than normal university courses, we do feel a bit separate to the rest of the university, and you forget sometimes that there are lots of facilities available.' (Charlene). Students felt they did not have as much opportunity to take part in university extracurricular activities and clubs compared to other students, nor could they access all of the wellbeing support that was offered by the central university services.

Some students did have a taste of 'When I'm at uni I feel like a normal student.' (Molly) but commonly, students felt a stark difference between the world of university and the world of placement. They would have blocks of university time interspersed with blocks of placement. Placement block were characterised by shift work usually 12 hour shifts, with limited opportunity to connect with friends or peers. University blocks were insights to a different world to which they did not fully belong 'because it's not like a normal degree where you're wrapped up in a bubble of studying, but then you get some time off in the holidays.' (Harriet)

## **Theme 2: Being noticed, feeling connected**

The second major theme of '*being noticed, feeling connected*' encapsulated how midwifery students wanted their experience of the course to be and at its best, had been. Pervading this theme was the importance of mentors, practice facilitators, tutors and lecturers in enabling midwifery students to feel connected and be noticed. Students often compared their experiences with their peers or compared experiences in one clinical placements with another. The variability in experience demonstrated under this theme mirrored the 'highs and lows' and 'balancing and juggling' described in the first theme. This theme had three sub themes: 'notice me,' 'I want to connect' and 'we want consistent support'.

Students wanted to be noticed and known by at least one educator, usually their personal tutor. They wanted to be known by name and to have some 'individualisation' (Sheila) of their education. They were in a large cohort of around 100 students and they could feel

'lost through the cracks' (Harriet). Some students had mental health problems and said that the support they had got from mentors and tutors once their mental health needs had been disclosed had been appreciated. Commonly they said 'you have to ask for help' rather than educators asking them directly about mental health. A number said they had decided to 'deal with' their problems by themselves. This attitude was linked to the 'learning to be professional' sub theme in theme one, whereby students saw being able deal with difficult situations by herself as an aspect of becoming a midwife.

As well as their experience of mental health problems, some students described distressing situations in practice and how they had been dealt with by mentors and practice educators. Some students reported positive experiences of support from their mentors, for example Celine described how her mentor had used hypno-birthing techniques on her when she had anxiety symptoms in practice. This example was a counterpoint to the observations made by students in the 'learning to be professional' sub-theme (that there could be different rules on emotional support for them versus the women in their care) because it described a mentor directly applying techniques used for women on her as a student. Another example of personal support from a mentor was given by Dora:

'I had one mentor on the labour ward who was really, really good, and we delivered a stillborn together, which was obviously really awful, and afterwards she kind of said, I don't want you to do anything apart from go and call your mum and speak to somebody that's kind of removed from the subject, so they can just talk about you, rather than the woman and the baby, and they can just ... just talk to your mum or talk to your dad or your sister, and ... so that really helped. And we had a few kind of emergencies, which were not very nice, and she would always say ... she would always de-brief with me, and that really helped me'

Dora's comment typifies the value that students placed on immediate debriefs from mentors as a means of dealing with difficult incidents. The distressing experiences that were described were commonly about being left alone in the room with distressed mothers or being 'bullied' by members of the midwifery team. A feeling of 'isolation' or 'alone' ness pervaded some practice placements, whereby students felt disconnected from their peers and tutors at university when they were working clinical shifts. The support network they had in university was not available and placement support could be variable and hard to establish.

Students wanted 'to connect' with educators but also with their peers. Formal face-to-face reflection sessions were seen as opportunities to connect with peers and make sense of their diverse but shared experiences in practice. Adela summed this up as:

'I do love this degree and course and going to uni, I really enjoy it, and I even enjoy placement but I think even in placement there's times when I feel like, you know, not so confident, not so great, and I think to be able to talk to other people on your course about that. It's different because obviously everyone's got different shift patterns, it's difficult to meet people who are on your course, and then you can't say the same thing over social media or WhatsApp or whatever, so I just feel like it's just been difficult.'

This was echoed by Zoe:

'I think it can be quite isolating if you're within a community and you might not see another student for four weeks of placement, for that long it will just be you and all qualified midwives.'

Again, being part of a large cohort impeded their ability to connect with peers as well as with educators. Zoe described empathising with a first year student she met in passing who was experiencing overwhelm and isolation with no clear route for support.

'And she's crying and she's going home and no one's going to know about that. She must have looked, maybe she looked a bit distressed in the lecture, but there's no follow up at all. And so I'll send her a message when I go home but I don't think she'd know who to talk to and I think that's a really big problem. She's going to feel really lost when she goes back to placement, she might not be supported by her mentors, so it's not caught there.'

In theme one the 'multiple worlds' the student midwives inhabited were described, with students feeling separate from the wider student body at their university. This was echoed in the 'feeling connected' theme, whereby the importance of connection with peers, meaning other midwifery students was described. Theresa said 'I just feel like it's quite an individual journey, this degree' but added that:

‘Just sharing how you’re feeling, rather than keeping it to yourself, because I find that sometimes you can just dig yourself deeper into a hole if you just keep it to yourself continuously and then you kind of start to think that, OK, I’m the only person that’s going through this; it must be something wrong with me, and then it kind of pushes you further and further away from focusing on what you actually have set out to accomplish. But I find that if you talk about it, which I do quite a lot with this one particular friend, I find that that kind of puts everything in perspective for you and makes you realise that you’re not the only person going through it.’

Students described a range of experiences of connecting with peers and being noticed by educators but the message from them about what worked was clear. They wanted consistency. They wanted to know that there would be regular reflection sessions and opportunities to catch up with peers and educators on placement. They wanted mentors to be consistently supportive and to give consistent messages about their expectations, ideally to have consistent mentors. Regarding mental health, they suggested that there was allocated time, regularly to ‘check in’ with students, during and after placements. A typical comment was:

‘Yes, but otherwise maybe just reaching out a bit more regularly, not necessarily having to wait for somebody who’s struggling to come forward and ask for the help, maybe put something out a bit more frequently to check in with students and see how they are doing emotionally and mentally.’ (Liz)

The importance of personal tutor and clinical practice facilitators was iterated throughout the interviews, because they were the educators who were consistently involved with students. When students had regular consistent contact with the same tutor or facilitator they felt supported and able to deal with the emotional aspects of the course.

## **Discussion**

The findings of this study build on previous research on the lived experience of midwifery students by demonstrating how student midwives contextualise their experiences of multiple clinical placements against other life experiences, before their training and between being in the university setting versus clinical placement. Like Hunter (2005) and Coldridge and Davies (2017; Davies and Coldridge, 2015), we found that becoming a midwife is

emotionally taxing. Like previous studies we found that the culture of midwifery clinical practice may not be emotionally supportive, with neophytes having to learn to manage and control their emotions as part of their professional socialisation. Participants in this study were aware of the emotional aspect of becoming a midwife, and had been instructed to look after their own wellbeing, however they struggled to identify how and when to do this given the relentless pace of the course. Their accounts of the 'highs and lows' of the course and the multiple worlds they inhabit, speak to Fenwick et al's (2012) accounts of midwifery training as 'transition to adulthood.' and van der Putten's (2014) description of 'reality shock' as a common response to being a midwifery student. Like Fenwick et al's (2012) young students and Carolan-Olah et al's (2014) final year students, developing 'confidence' as a midwife' and 'self-confidence' were important attributes. As in previous studies (Brunstad and Hjälmhult, 2014; Carolan-Olah et al, 2014; Coldridge and Davies, 2015; Fenwick et al, 2012), the supportive attentions of mentors and educators were vital to students' self-perceived wellbeing. A pertinent finding of this present study was that students wanted at least one relationship where they felt noticed as an individual because they commonly felt lonely and isolated. Students were learning to be midwives at a time when policy directives strongly advocated individualised care and the importance of support for women's mental health (Cumberledge, 2016). They wanted this ethos to infuse how midwives work with each other, as well as with mothers.

Furthermore, participants wanted opportunities to spend time with their peers, to have more of a sense of a 'shared journey.' The case for embedding opportunities for 'peer support' within university programmes is getting stronger, and is advocated for by the Higher Education Academy (Houghton and Anderson, 2017) and Health Education England (2019). Fisher and Stanyer (2018) have described how peer mentoring, in the form of buddying as well as peer-facilitated teaching, could be incorporated in pre-registration midwifery programmes. They argue that peer mentoring aids professional socialisation and prepares students for their roles as mentors in the future. Our findings suggest that formal opportunities for peer support may also enhance midwifery students' mental wellbeing and ability to cope with the emotional demands of midwifery practice. The recent integrative review (Oates et al, 2019) on midwifery student wellbeing identified three studies which evaluated interventions to address midwifery student wellbeing. Of these, two studies focused on helping students improve their coping skills through workshop attendance (Cummins et al, 2018; Sahebalzamani et al, 2014), but one study (Bass et al, 2016) described the positive effect of 'student support circles' on students' sense of belonging and

connectedness. Notably, these support circles were facilitated by an academic member of staff, hence also fulfilling another one of the needs identified in our study.

There is a clear implication for midwifery educational practice here. Educators in university and clinical practice should identify ways in which they can provide students with some consistency and continuity of academic and peer contact during their course. Midwifery educators should consider how best to prepare new students to 'juggle' the demands of the course with confidence and should incorporate guidance for students on how to look after their own and their fellow students' wellbeing into the midwifery curriculum. Bass's study utilised Lizzio's 'five senses' model of student success, with the five senses being: developing a sense of capability, purpose, identity, resourcefulness and connectedness (Sidebotham et al, 2015), alongside a sense of midwifery professional identity. The fundamental activity within these circles was 'storytelling' with facilitators supporting group members to develop their 'senses' through peer-led reflection. Our study strengthens the case for the incorporation of such academic-facilitated, peer-led reflection into midwifery curricula.

### **Limitations**

This was a qualitative study of self-selecting students on one course at one university, however it was conducted with methodological rigour. A further study is warranted, to compare midwifery students' experiences between institutions in different locations.

### **Conclusion/Implications for practice**

This study adds to the body of research on the midwifery student experience, with a focus on how the course affected their mental wellbeing. The importance of having consistent contact with peers and educators cannot be underestimated. Students value regular opportunities to meet with their peers, and consider these encounters to enhance their wellbeing. Students described the emotional and personal toll of becoming a midwife. Whilst they were encouraged to 'self care' and learn to manage their emotions, they found the pace of the course relentless. Midwifery educators should take these perspectives into account when designing programmes and when offering educational support to student midwives.



## Acknowledgements

None

## Conflict of interest

Some members of the research team had pastoral responsibilities for the student cohort from which participants were drawn. They had no role in recruitment, direct contact with research participants and did not see unanonymised versions of the study transcripts.

## Appendix 1: CoREQ checklist

## Appendix 2: Topic guide

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